Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

	tment of the Treasury al Revenue Service				
Pa	rt I General Information				
1	Name of organization IHA PAC		E	mployer identification number 42 : 1382824	
2	100 E. Grand Ave., Suite 100				
	City or town, state, and ZIP code Des Moines, IA 50309-1835				
3	E-mail address of organization				
3	spies@ihaonline.org				
4 a	· · · · · · · · · · · · · · · · · · ·	4b Cus	todian's address		
			va Hospital Association		
	Art Spies	10	E. Grand Ave., Suite 100 / Des Moines, IA 50309-1835		
5a	Name of contact person	5b Con	tact person's address		
			va Hospital Association		
	Art Spies	100	E. Grand Ave., Suite 100 / Des Moines, IA 50309-1835		
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number Same as above					
	City or town, state, and ZIP code Same as above				
Par	t Purpose				
7	Describe the purpose of the organiza * To promote and strive for the	tion improvement of gover	nment by encouraging hospital lead	CENVED IN ACORDES	
ac	tive role in the affairs of governm	nent.		AHD1. mann	
				AUG 1 7000	
	To support and inform candidate	s for elected state offic	es.	OCDEN UTAH	
	inciples to which hospitals are d List of All Related Ent Name of related entity		8c Address		
	a Hospital Assocation	Connected	100 E. Grand Ave., Suite 100		
low			Des Moines, IA 50309-1835		
For F	Paperwork Reduction Act Notice, sec	page 4.	Cat. No. 30405V	Form 8871 (7-2000)	

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions) 9a Name 9c Address					
9a Name	9b Title				
Li contra lla	Officer	Highway #1 North			
Lisa Schnedler		Keosauqua, IA 52565			
	Officer	1200 Pleasant St.			
James Skogsbergh		Des Moines, IA 50309			
7 7 -1	Officer	1200 Pleasant St.			
James Zahnd		Des Moines, IA 50309			
<u> </u>					
	<u>. </u>				
Under penalties of perjury, I deck Revenue Code, and that I have ex	are that the organization named in camined this notice, including acco	Part I is to be treated as an organization described in section 527 of the Internal empanying schedules and statements, and to the best of my knowledge and belief,			
it is true, correct, and complete.	7				
a: Nohen 7	Sients	1-27-00			
Signature of authorized off	icial	Date			

Part IV List of All Office	T .	Compensated Employees (see instructions)
9a Name	9b Title	9c Address
Stephen F. Brenton	Treasurer, IHA PAC	100 E. Grand Ave., Suite 100
otophen 7. Brenton	Treasurer, mar Au	Des Moines, IA 50309-1835
		210 Fourth Ave
Todd Linden	Chair, IHA PAC	Grinnell, IA 50112
		1518 Mulberry Ave.
Karmon Bjella	Officer	Muscatine, IA 52761
Chinakash Dan	05	235 Eighth Ave., West
Elizabeth Doty	Officer	Cresco, IA 52136
Inner City Details	Officer	100 Fourth St., SW
James FitzPatrick	Officer	Mason City, IA 50401
Objective Occupant	045	1213 Garfield Ave.
Stephen Goeser	Officer	Harlan, IA 51537
Adamsina Carthamillan	045	400 Central Ave.
Martin Guthmiller	Officer	Orange City, IA 51041
Th	O.C.	1410 North 4th St.
Thomas Hesselmann	Officer	Clinton, IA 52732
	015	933 East Pierce St.
David Holcomb	Officer	Council Bluffs, IA 51502
T-4-1 U4	055	710 North 12th St.
Todd Hudspeth	Officer	Guthrie Center, IA 50115
In a select of Marian	045	1111 Sixth Ave.
Joseph LeValley	Officer	Des Moines, IA 50314
John O'Brien	Officer	110 Rocksylvania Ave.
John O Brien	Officer	iowa Falis, IA 50126
Revenue Code, and that it is true, correct, and co	t i have examined this notice, including ac omplete.	in Part I is to be treated as an organization described in section 527 of the Internation process of t
Signature of auti	orized official	Date

Sign Here

Signature of authorized official

Date